



Please type a plus sign (+) inside this box -

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>Attorney Docket Number</b>	RCA 88790					
First Named Inventor	Paul Gothard Knutson					
COMPLETE IF KNOWN						
Application Number						
Filing Date	· · · · · · · · · · · · · · · · · · ·					
Group Art Unit						
Examiner Name						
	COMPLETE I Application Number Filing Date Group Art Unit					

As a below named inventor, I hereby declare										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  TIME-DIVISION MULTIPLE ACCESS (TDMA) MULTI-LINE WIRELESS TELEPHONE SYSTEM										
the specification of which  (Title of the Invention)  is attached hereto										
OR  was filed on (MM/DD/YYYY)  September 1, 1998  as United States Application Number or PCT International										
Application Number PCT/	Application Number PCT/US98/18090 and was amended on (MM/DD/YYYY) February 25, 2000 (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.  I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.  I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application		Foreign Filing Date	Priority	Certified Copy Attached?						
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES NO						
		mental priority data sheet PTO/		ereto:						
I hereby claim the benefit under	35 U.S.C. 119(e) of any United	States provisional application(s	i) listed below.							
Application Number(s)	Filing Date	(MM/DD/YYYY)								
60/069,343	December 12,	1997	numbe: supplei	nal provisional application irs are listed on a mental priority data sheet B/02B attached hereto.						

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:





Please type a plus sign (+) inside this box -

this box 
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it contains a valid OMB control number.

## **DECLARATION**—Utility or Design Patent Application

U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)					
PCT/US98/18090						September 1, 1998								
Additional	U.S. or PCT	international appli	cation nur	mbers are listed on a	supplemen	tal priority da	ta shee	et PTO/SB/	02B attact	ned hereto	D.			
			ving regis	tered practitioner(s)	to prosecute	cute this application and to transact all business in t					he Patent			
nd Trademark	Office connec	ted therewith:		Customer Number OR				Place Customer Number Bar Code						
			$\square$	Registered practition	ner(s) name	registration (	number	listed belo	w	<u></u>	Label her	9		
	Name			Registrat Numbe				Nam	10		Registration Number			
JOSEPH S.				26,040	4				•					
JOSPEH J.		-	•	27,914										
FRANK Y.	LIAO	-		40.065				•			ļ			
Direct all corre		to:	Custome	r Number or	Practitioner	Information	sneet P	OR			dence addres	ss below		
	Ι		Bar Code											
Name	Joseph	S. Tripoli - P	atent C	perations										
Address	THOM	SON multim	edia Li	censing Inc.										
Address	PO Box	c 5312												
City	Princet	on				State	NJ.		ZIP	08540				
Country	US			Telephone	609-73	4-9497			Fax	609-7	34-9700			
urther that thes	e statements	were made with t	he knowle	own knowledge are edge that willful false copardize the validity	statements	and the like	so mad	de are puni	shable by	and beliet fine or im	f are believed prisonment, or	to be true; and both, under 18		
Name of So	le or First	Inventor:				A petiti	on ha	s been file	en filed for this unsigned inventor					
	Siven Name	(first and middl	e [if any]	)				Family	Name o	r Suman	ne_			
PAUL GO	THARD	· -	_	1	,	KNUTS	ON_							
Inventor's Signature		1	/	1/1							Date	11,200		
	City	Indianapolis	/ 	State I	NIN	- Country	1	US			Citizenship	us		
Residence:	i i	140 C45 E	mercon	Avenue										
	ddress	148 South E	IIICI SOII											
				na 46219 US										
Post Office A				na 46219 US	ZIP	1			Cour	ntn,				





Please type a plus sign (\*) inside this box —



PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

										······································	
Name of Additional Joint Inventor, If any:								r this unsigned inventor			
Given Na	me (first and middle [if any]	Family Name or Surname									
KUMAR RAMASWAM						MY					
Inventor's Signature	kumar l	Щ			Date		olh out, 2 and				
Residence: City	Indianapolis	State	IN IN	<b>✓</b>	Country	US		Citizensh		IN	
Post Office Address	9417 College Drive #B										
Post Office Address	Indianapolis, Indiana 462	40 US						_			
City		State			ZIP		Country				
Name of Additional Joint Inventor, if any:										ventor	
Given Na	me (first and middle [if any]	)				Family Nan	ne or S	urname			
Inventor's Signature								Da	te		
Residence: City		State			Country			Citizen	ship		
Post Office Address											
Post Office Address			_			,		·····			
City		State			ZIP		Count	лу			
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor											
Given Na	me (first and middle [if any]	)				Family Nan	ne or S	umame			
Inventor's Signature		r					te				
Residence: City		Country Citizenship					ship				
Post Office Address											
Post Office Address	r										
City	State ZIP Country										

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.